

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

ADDRESS (number and street)

115 Apollo Dr.

☐ Check if different than previously reported. (ACC)

Cape Carteret

NC

28584

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00250589

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steve Malay

Signature of Treasurer

Steve Malay

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 01 2012 To: M M / D D / Y Y Y Y Y Y  
09 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		3224.61
(b) Cash on Hand at Beginning of Reporting Period.....	12312.40	
(c) Total Receipts (from Line 19) .....	5117.00	19880.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17429.40	23104.61
7. Total Disbursements (from Line 31) .....	14040.00	19715.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3389.40	3389.40
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2090.00

3875.96

(ii) Unitemized .....

3027.00

14527.04

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5117.00

18403.00

(b) Political Party Committees .....

0.00

552.00

(c) Other Political Committees

(such as PACs).....

0.00

900.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

5117.00

19855.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

25.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5117.00

19880.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

5117.00

19880.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	14040.00	19715.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14040.00	19715.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14040.00	19715.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14040.00	19715.21

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5117.00	19855.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5117.00	19855.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	14040.00	19715.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	14040.00	19715.21

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. George Cleveland**

Mailing Address 224 Campbell Place

City State Zip Code  
Jacksonville NC 28546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

State of NC

Rep. in NC House

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

07 / 11 / 2012

Transaction ID : SA11AI.9525

Amount of Each Receipt this Period

35.00

Pass the hat at July mtg.

Full Name (Last, First, Middle Initial)

**B. George Cleveland**

Mailing Address 224 Campbell Place

City State Zip Code  
Jacksonville NC 28546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

State of NC

Rep. in NC House

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

07 / 11 / 2012

Transaction ID : SA11AI.9575

Amount of Each Receipt this Period

20.00

donation for gun raffle ticket(s)

Full Name (Last, First, Middle Initial)

**C. George Cleveland**

Mailing Address 224 Campbell Place

City State Zip Code  
Jacksonville NC 28546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

State of NC

Rep. in NC House

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

08 / 09 / 2012

Transaction ID : SA11AI.9629

Amount of Each Receipt this Period

35.00

Pass the hat

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. Virginia Cooper**

Mailing Address 2617 Church St.

City  
Winterville

State Zip Code  
NC 28590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

07 / 11 / 2012

Transaction ID : SA11AI.9573

Amount of Each Receipt this Period

200.00

donation for gun raffle ticket(s)

Full Name (Last, First, Middle Initial)

**B. Virginia Cooper**

Mailing Address 2617 Church St.

City  
Winterville

State Zip Code  
NC 28590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

08 / 09 / 2012

Transaction ID : SA11AI.9630

Amount of Each Receipt this Period

20.00

Pass the hat

Full Name (Last, First, Middle Initial)

**C. Virginia Cooper**

Mailing Address 2617 Church St.

City  
Winterville

State Zip Code  
NC 28590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.9659

Amount of Each Receipt this Period

15.00

pass the hat

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. Gun Raffle of 7/28/2012**

Mailing Address 115 Apollo Dr.

City State Zip Code  
 Cape Carteret NC 28584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

07 / 11 / 2012

**Transaction ID : SA11AI.9577**

Amount of Each Receipt this Period

950.00

Donation for \$10 gun raffle tickets to individuals none exceeding \$20 per person

Full Name (Last, First, Middle Initial)

## **B. Gun Raffle of 7/28/2012**

Mailing Address 115 Apollo Dr.

City State Zip Code  
 Cape Carteret NC 28584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : SA11AI.9623**

Amount of Each Receipt this Period

670.00

Donation for \$10 gun raffle tickets to individuals none over \$20

Full Name (Last, First, Middle Initial)

## **C. Bob Pruett**

Mailing Address PO Box 695

City State Zip Code  
 Beaufort NC 28516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Pruett Rentals

self-employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.96

Date of Receipt

07 / 11 / 2012

**Transaction ID : SA11AI.9543**

Amount of Each Receipt this Period

20.00

Pass the hat at July mtg.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1640.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. Bob Pruett**

Mailing Address PO Box 695

City

Beaufort

State

NC

Zip Code

28516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pruett Rentals

Occupation

self-employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.96

Date of Receipt

08 / 09 / 2012

Transaction ID : SA11AI.9641

Amount of Each Receipt this Period

10.00

Pass the hat

Full Name (Last, First, Middle Initial)

**B. Bob Pruett**

Mailing Address PO Box 695

City

Beaufort

State

NC

Zip Code

28516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pruett Rentals

Occupation

self-employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.96

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.9669

Amount of Each Receipt this Period

20.00

pass the hat

Full Name (Last, First, Middle Initial)

**C. Marcia Pruett**

Mailing Address PO Box 695

City

Beaufort

State

NC

Zip Code

28516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 31 / 2012

Transaction ID : SA11AI.9607

Amount of Each Receipt this Period

30.00

donation for gun raffle ticket(s)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. Norm Sanderson**

Mailing Address 269 Bennett Rd.

City

Minnesott Beach

State

NC

Zip Code

28510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

child-care worker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 09 / 2012

Transaction ID : SA11AI.9643

Amount of Each Receipt this Period

5.00

Pass the hat

Full Name (Last, First, Middle Initial)

## **B. Mary Tabb**

Mailing Address 328 Mason La.

City

Moyock

State

NC

Zip Code

27958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 11 / 2012

Transaction ID : SA11AI.9545

Amount of Each Receipt this Period

40.00

Pass the hat at July mtg.

Full Name (Last, First, Middle Initial)

## **c. Mary Tabb**

Mailing Address 328 Mason La.

City

Moyock

State

NC

Zip Code

27958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.9673

Amount of Each Receipt this Period

20.00

pass the hat

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

2090.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. Bob Steinburg for NC House**

Mailing Address 103 S. Granville

City	State	Zip Code
Edenton	NC	27932

Purpose of Disbursement  
campaign donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

**Transaction ID : SB21B.9695**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Brian Brown for House**

Mailing Address PO Box 8053

City	State	Zip Code
Greenville	NC	27858

Purpose of Disbursement  
campaign donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

**Transaction ID : SB21B.9698**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Catlin for NC House**

Mailing Address PO Box 10579

City	State	Zip Code
wilmington	NC	28404

Purpose of Disbursement  
campaign donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

**Transaction ID : SB21B.9703**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. Citizens for Susan Martin**

Mailing Address PO Box 8157

City	State	Zip Code
Wilson	NC	27893

Purpose of Disbursement  
campaign donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

**Transaction ID : SB21B.9697**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Citizens to Elect Norman Sanderson**

Mailing Address 405 Two Lakes Trail

City	State	Zip Code
New Bern	NC	28560

Purpose of Disbursement  
campaign donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

**Transaction ID : SB21B.9692**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Bill Cook**

Mailing Address 75 Cape Fear Dr.

City	State	Zip Code
Chocowinity	NC	27817

Purpose of Disbursement  
campaign donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

**Transaction ID : SB21B.9691**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. George Cleveland for NC House Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Mailing Address 224 Campbell Pl.

**Transaction ID : SB21B.9702**

City	State	Zip Code
Jacksonville	NC	28546

Amount of Each Disbursement this Period

Purpose of Disbursement  
campaign donationCategory/  
Type

1000.00
---------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District:

Full Name (Last, First, Middle Initial)

**B. Harry Brown for NC Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Mailing Address 2223 N. Marine Blvd.

**Transaction ID : SB21B.9693**

Amount of Each Disbursement this Period

City	State	Zip Code
Jacksonville	NC	28546

Purpose of Disbursement  
campaign donationCategory/  
Type

2000.00
---------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District:

Full Name (Last, First, Middle Initial)

**C. John Bell Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Mailing Address 501 Holland Hill

**Transaction ID : SB21B.9700**

Amount of Each Disbursement this Period

City	State	Zip Code
Goldsboro	NC	27530

Purpose of Disbursement  
campaign donationCategory/  
Type

1000.00
---------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**THIRD DISTRICT NORTH CAROLINA REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. Lawson 4 House Committee**

Mailing Address 904 Clipper Ct.

City	State	Zip Code
Kill Devil Hills	NC	27948

Purpose of Disbursement  
campaign donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC

District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

**Transaction ID : SB21B.9694**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Speciale for NC House**

Mailing Address 803 Stately Pines Rd.

City	State	Zip Code
New Bern	NC	28560

Purpose of Disbursement  
campaign donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC

District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

**Transaction ID : SB21B.9699**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State:

District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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14000.00
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